Express Wail No .: **Date Deposited:**

EL984898029US

04/08/2004

THAT THATEM

PATENT APPLICATION FEE DETERMINATION RECOR										Application or Docket Number 10/630,078						
CLAIMS AS FILED - PART I (Column I) (Column 2)										SMALL ENTITY O				OTHER THAN OR SMALL ENTITY		
FOR	•	NUMB	ER FILED	NUMBER EXTRA				RA'	Œ	FEE	1	RATE	FEE			
BASIC FEE (37 CFR 1.16(x))								1		*	50	OR		s 0		
	AL CLAIMS CFR 1.16(c))		minu	ıs 20 -	• 0			1	x \$ 9	_=	0	OR	x \$ 18 =			
	EPENDENT CLA CFR 1.16(b))	AIMS	min	us 3 =	•	0		ł	x 43 =		0	OR		0		
ML	JLTIPLE DEPEN	DENT CLAIM PRI	AIM PRESENT (37 CFR 1.16)			എ . 0			+ 140 =		0	OR	+ 280 =	0		
If the difference in column 1 is less then zoro, enter "0" in column 2										AL	0	OR	TOTAL	0		
	CLAIMS AS AMENDED - PART II								CMALLENTITY OD					HAN		
_	<u> </u>	(Cohann I)		(Col	humn 2)	(Column 3)						- 1	SMALL E	YTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST IMBER VIOUSLY ID FOR		SENT TRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total. (37 CFR 1.16(c))	• 29	Minus	** 2	-	=	6	1	x \$_9		0	OR	x \$ 18 =	108		
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	•	5	0		x 43	.=	0	OR OR	x_86 _	0		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16(0)								+ 140	_=	0	OR	+ 280 -	0		
(Column 1) (Column 2) (Column 3)								۸	TOT.		0	OR	TOTAL DDIT. FEE	108		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST IMBER VIOUSLY ID FOR		SENT TRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	. 29	Minus	**	29	=_	$\overline{}$	11	x \$ <u>9</u>		0	OR OR OR	x \$_18_=	0		
	Independent (37 CFR 1.16(b))	. 2	Minus	***	3	- ,		11	x 43	_=	0 .		x_86 =	0		
	FIRST PRES	ENTATION OF M	ENDENT CLAIM (37 CFR 1.16(4))]	+ 140	_=	0	OR	_ 280 =	0			
(Column 1) (Column 2) (Column 3)									TOT DDIT. F		0	ORA	TOTAL DDIT. FEE	0		
AMENDMENT C	40	CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER TOUSLY D FOR		SENT TRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(e))	•	Minus	**				11	x \$ <u>9</u>		0	OR	x \$ <u>18</u> =	0		
	Independent (37 CFR 1.16(b))	•	Minus	***				11	x_43	_=	0	OR OR	x_86_=	0		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFx 1.16(4))								+ 140		0	OR	<u> 280 _</u>	0		
ال ••• ال •••	the "Highest Nur the "Highest Nur	nn 1 is less than the nber Previously Paid nber Previously Paid er Previously Paid F	For IN THIS	SPACE	is less than 20 is less than 3.	0, enter	3".		TO	EEL	0 box in cohur		TOTAL DDIT. FEE	0		

SEND TO:

MS Fee Amendment Commissioner For Patents, PO Box 1450 Alexandria, VA 22313-1450